

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-019,808 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER RE-AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4		3					54
5		①					55
6		①					56
7		①					57
8		①					58
9							59
10		1					60
11		①					61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1						TOTAL IND.
TOTAL DEP.	12						TOTAL DEP.
TOTAL	13						TOTAL CLAIMS

PTO-8390 (5-74)

PRINTED OR TYPE IN ADDITIONAL CLAIMS ON ADDITIONAL SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1970 5-1000

AVAILABLE COPY